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Act to End Neglected Tropical Diseases | West FY 2024 Work Plan – Sierra Leone

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I. Acronym List

ALB	Albendazole
AYV	African Young Voices
APOC	African Program for Onchocerciasis Control
BEmONC	Basic Emergency Obstetric and Neonatal Care Centers
CBO	Community-Based Organization
CDD	Community Drug Distributor
CDTI	Community-Directed Treatment with Ivermectin
CHA	Community Health Assistant
CHO	Community Health Officer
CHW	Community Health Worker
CIND	Country Integrated NTD Database
CMS	Central Medical Stores
DHMT	District Health Management Team
DFID	Department for International Development
DFN	Directorate of Food and Nutrition
DOT	Direct Observed Treatment
DMO	District Medical Officer
DMS	District Medical Store What about DMS district medical superintendent?
DHIS2	District Health Information System 2
DPC	Disease Prevention and Control
DQA	Data Quality Assessment
DSA	Disease Specific Assessment
EHD	Environmental Health Division
EU	Evaluation Unit
FAA	Fixed Amount Award
FAQs	Frequently Asked Questions
FHI 360	Family Health International 360
FP	Focal Point
FTS	Filariasis Test Strip
GESI	Gender Equity and Social Inclusion
GoSL	Government of Sierra Leone
HMIS	Health Management Information System
HSS	Health System Strengthening
ICCC	Intra Country Coordinating Committees
ICT	Immunochromatographic test
IVM	Ivermectin
JRSM	Joint request for selected preventive chemotherapy medicines
KAP	Knowledge, attitudes and practices
LSHTM	London School of Hygiene and Tropical Medicines
LF	Lymphatic Filariasis

MCHA	Maternal and Child Health Aide
MDA	Mass Drug Administration
Mf	Microfilaria
M&E	Monitoring and Evaluation
MMDP	Morbidity Management and Disability Prevention
MoGCA	Ministry of Gender and Children's Affairs
MoHS	Ministry of Health and Sanitation
MSH	Management Sciences for Health
MoSW	Ministry of Social Welfare
NSAHP	National School and Adolescent Health Program
NEC-ADR	National Expert Committee for Adverse Drug Reactions
NECP	National Eye Care Control program
NGO	Non-Governmental Organization
NMCP	National Malaria Control Program
NTD	Neglected Tropical Diseases
NNTDP	National Neglected Tropical Diseases Program
OV	Onchocerciasis
PCT	Preventive Chemotherapy (NTDs)
pre-TAS	Pre-Transmission Assessment Survey
PHU	Peripheral Health Unit
PMI	President's Malaria Initiative
PZQ	Praziquantel
RSSA	Rapid Social Science Assessment
RCE	Responsive community engagement
re-pre-TAS	Repeat Pre-Transmission Assessment Survey
SAC	School aged children
SAE	Serious Adverse Events
SCH	Schistosomiasis
SCM	Supply Chain Management
SCT	Supervisor's Coverage Tool
SLMDA	Sierra Leone Medical and Dental Association
SL	Sierra Leone
SLPB	Sierra Leone Pharmacy Board
SMM	Sustainability Maturity Model
SOP	Standard Operating Procedures
STH	Soil-Transmitted Helminths
TA	Technical Assistance
TAC	Technical Advisory Committee
TAS	Transmission Assessment Survey
TIPAC	Tool for Integrated Planning and Costing
ToT	Training of Trainers
TF	Trachomatous Inflammation-Follicular
TT	Trachomatous Trichiasis

TWG	Technical Working Groups
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WA	Western Area
WAR	Western Area Rural
WASH	Water, Sanitation and Hygiene
WAU	Western Area Urban
WHO	World Health Organization
WV	World Vision

II. NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT:

The Sierra Leone Ministry of Health and Sanitation (MoHS) is divided into medical and management services. The medical services branch oversees 14 directorates, including the Directorate of Disease Prevention and Control (DPC), which supervises the National Neglected Tropical Disease Program (NNTDP). Established in 2008, the NNTDP integrates the management of several preventive chemotherapy (PC) NTDs, including lymphatic filariasis (LF), schistosomiasis (SCH), onchocerciasis (OV) and soil-transmitted helminths (STH) into a single program. The NNTDP oversees the planning, implementation, and monitoring and evaluation (M&E) of NTD activities. The current Program Manager, Dr. Ibbrahim Kargbo-Labour, presides over a technical staff of six (two national supervisors, two monitoring and evaluation [M&E] officers, one surveillance officer and a pharmacist). At present, the program's main goals are to 1) eliminate LF and OV and 2) achieve and sustain control of SCH and STH.

Following the 2015 national census, the country increased its number of districts from 14 to 16. The new districts became fully functional District Health Management Teams (DHMTs) in 2020. Each DHMT is led by a District Medical Officer (DMO) responsible for coordinating and supervising all health activities. Districts are further divided into 1,903 Peripheral Health Units (PHUs) nationwide, whose staff varies by population density and includes different cadres of health workers, among them Community Health Officers (CHOs), Community Health Assistants (CHAs), State Enrolled Community Health Nurses (SECHNs), and Maternal and Child Health Aides (MCHAs). PHU staff supervise the Community Drug Distributors (CDDs) who perform mass drug administration (MDA). Other relevant actors include Focal Persons (FP) for each health program, including NTDs, at the district level. The PHUs or health centers are grouped into three main categories depending on the size of their catchment populations and staff. Community Health Centers (CHC) have the most staff, serving a population over 10,000 within 5 kilometers (km), and have the widest variety of staff teams, including midwives and CHOs. The Community Health Posts (CHP) serve 5,000 to 10,000 people within a 5 km radius. Their staff may include CHAs and SECHNs. The Maternal Child Health Posts (MCHP), which serve a smaller population and are spread over many more kilometers, have (in theory) at least two MCHAs.

The NNTDP is supported principally by the U.S. Agency for International Development (USAID) via the Act to End Neglected Tropical Diseases | West (Act | West) program. Act | West is managed globally by FHI 360 and implemented by Helen Keller International (Helen Keller) in Sierra Leone. Act | West supports MDA and Disease Specific Assessment (DSAs) for LF, OV, SCH, and STH. It also supports the larger program consortium including Deloitte who supports sustainability planning for the NNTDP. Sightsavers is another significant contributor to NNTDP activities outside of Act | West that provided support for the pre-stop MDA surveys for OV in 2019 and supported the biannual Onchocerciasis Elimination Committee (Technical Advisory Committee) meetings until 2022.

NTD BACKGROUND:

From 2005–2006, community-directed treatment with ivermectin (CDTI) was implemented in 8,451 meso- and hyper-endemic villages through the support of the African Program for Onchocerciasis Control (APOC). The NNTDP began to carry out integrated MDA of ivermectin and albendazole (ALB) to treat LF, OV and STH in 2007 and started MDA with praziquantel to treat SCH in 2009. Additionally, fourteen rounds of effective MDA for OV have been completed and 2022 impact assessments affirmed the national program is on track to control SCH and STH.

To date 15 out of the 16 districts, have stopped MDA for LF. The NNTDP projects submitting the dossier for validation of elimination of LF in FY 2028. Nine districts have already completed transmission assessment surveys (TAS3), while three HDs each are projected to complete TAS3 in FY 2025 and FY 2027, one district in FY 2028.

Trachoma remapping in 2020, supported by Sightsavers, confirmed the original baseline mapping results conducted in 2008 in five HDs (now divided into seven HDs): Bombali/Karene, Koinadugu/Falaba, Tonkolili, Kambia and Port Loko indicating that trachoma is not considered of public health problem in Sierra Leone and that these results demonstrated that the trachomatous inflammation-follicular (TF) prevalence does not warrant MDA. Trachomatous trichiasis (TT) prevalence remains low and below the TT elimination threshold except for one district (Tonkolili) that had TT prevalence of 0.2%. (See Trachoma section below).

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV:

i. Lymphatic filariasis

Proposed FY 2024 activities:

➤ MDA

No LF treatment is planned in FY 2024 assuming the pre-TAS and TAS 1 in Bombali are successful.

➤ DSA

Pre-TAS in one district (Bombali)

Bombali district will implement repeat pre-TAS in FY 2024. Three spot check sites will be surveyed in the district and approximately 350 people will be sampled per site.

TAS 1 in Bombali district (2 EUs)

Bombali will be split into two EUs, since its population is 583,514 people. The survey will take place if Bombali passes pre-TAS.

Supervision of re-pre-TAS and TAS 1

In FY 2024, the Act | West program team will support protocol development and the quality implementation of LF DSAs through training, monitoring, and field supervision in collaboration with the NNTDP. The NNTDP and Act | West will collaborate to conduct refresher/training of field supervisors and survey teams in accordance with approved survey protocol, sampling methodology and use of the FTS diagnostic test.

Morbidity management and disability prevention (MMDP) component

An MMDP situational analysis conducted in 2021 by Act | West identified gaps in data, particularly related to the number of health staff trained to provide lymphedema management or hydrocele surgery as well as the number of facilities where services are being provided. The burden estimates for lymphedema and hydrocele requires updates. In FY23, estimates for the number of lymphedema and hydrocele cases was obtained for the 16 districts. However, there are some communities that data was not provided by the NNTDP through the districts. The NNTDP plans to update the number of cases during subsequent OV-STH MDAs using CDDs to update the registers. The data collected by the CDDs will also be captured into the DHIS2 platform. There are also plans by the NNTDP to have designated health facilities and training of health staff for lymphedema management. Some local health facilities referred patients for hydrocele

surgeries at Basic Emergency Obstetric and Neonatal Centers (BEmONC). However, across the 16 districts, only referral hospitals were equipped for hydrocele surgeries.

In the first quarter of FY 2023, through the END Fund, Helen Keller — Sierra Leone supported the DHMTs in fourteen districts (Bo, Bonthe, Moyamba, Pujehun, Kono, Kailahun, Kenema, Port Loko, Tonkolili, Bombali, Kambia, Koinadugu, Western Area Rural and Western Area Urban) to conduct hydrocele surgeries for 1,200 patients. The cases were first screened at the PHU level and confirmed by medical officers at referral hospitals. There are two districts (Karene and Falaba) formerly part of Bombali and Koinadugu respectively that are not fully capacitated to provide hydrocele surgical services. However, there are discussions ongoing to expand to these districts at a later time. Furthermore, between July-December 2023, the END Fund has in principle committed to provide similar support to the NNTDP in 14 districts including both screenings and surgery. In addition, lymphedema management training for health workers (in 3 pilot districts) will be conducted during the same period. In these three districts, training on limb selfcare and start-up kits will be provided to patients to facilitate regular limb-washing practice. While hydrocelectomies have been successful, the demand remains high, hence, demand generation has remained restricted to avoid disappointment to patients given the funding is only for a limited number of surgeries. Gaps in funding for the management of lymphedema remain in Sierra Leone. In FY 2024, there are plans to scale this activity up to the other districts. No funding from Act | West is required for this activity in FY 2024, but funding may be requested for further support in FY 2025.

Historical data completeness and security

The MoHS and partners have maintained secure electronic copies of all data and information generated by the program since its inception. All baseline data, reports, impact assessments, and pre-TAS and TAS data are available at the national level, as is data related to capacity building, social mobilization, MDA, and other M&E activities. All data required to complete the dossier are stored on computers belonging to NNTDP M&E and Helen Keller staff, backed up on Helen Keller's local server. Publications in peer-reviewed journals are also publicly available online. In February 2022, the Helen Keller country office supported the NNTDP's effort to input all MDA and DSA data into the Country Integrated NTD Database (CIND). Following completion of FY 2023 data updates, the Helen Keller M&E Manager will work with the NNTDP to routinely assess data quality in the CIND. The NNTDP aims to continue updating the CIND database in the first quarter of FY 2024.

In previous years, there has been data management training for district personnel with support from Sightsavers. In FY 2023, the NNTDP deployed district M&E officers to integrate NTD indicators into the district health information system (DHIS2). Data entry has now been assigned to the sub-district level. In FY 2024, the NNTDP wants to train the designated chiefdom supervisors (Community Health Officers - CHO) to enter NTD data (MDA and MMDP) into DHIS2. The training CHOs will be piloted at the regional level and later scaled up to the other districts. The CHOs have received initial training on data entry into the DHIS2 for other health programs, so the training will be mainly focused on NTD data entry and integration into the platform.

Dossier Status for LF:

Pre-validation timeline

To date, nine districts have completed TAS3. Three districts are projected to complete TAS3 in July 2025, three in FY 2027, and one in FY 2028. The NNTDP estimates it will submit the LF elimination dossier to WHO by FY 2028.

Status of LF dossier writing

LF Dossier Development Workshop

The MoHS has not yet begun to prepare the first draft of the dossier narrative. A dossier development workshop in FY 2024 will kick-start the process. The MoHS will hire a local consultant to provide short-term technical assistance as it begins the preparatory work, which includes collating data and developing the first draft of the dossier narrative. Furthermore, the NNTDP will provide all available survey and MDA data for input into the dossier template (currently available through the CIND) for drafting the narrative portion of the dossier. Additionally, the MoHS plans to make new data available for updating the LF dossier narrative draft as it becomes available. As such, the NNTDP, along with partners and key stakeholders, will host two two-day meetings to review the draft developed in FY 2024.

ii. Trachoma

Proposed FY 2024 activities:

There are no Act | West supported trachoma MDA or DSA activities planned for FY 2024 as trachoma is not found to be endemic in Sierra Leone.

Dossier Status for trachoma:

Trachoma is not found to be endemic in Sierra Leone.

iii. Onchocerciasis

Proposed FY 2024 activities

OV-STH MDA in 14 HDs

In FY 2024, Act | West will support a five-day campaign in June 2024 known as “MDA Week” during which the NNTDP will conduct OV-STH treatment in 14 endemic HDs. The campaign will target approximately 7,254,012 persons aged five and up for IVM and 2,002,107 school-aged children (SAC) for ALB.

➤ Supervision

Supervision of OV-STH MDA and Data Collection, Analysis and Reporting

Supervision of MDA is shared among PHU staff, DHMTs, the NNTDP and Helen Keller staff. There are six NNTDP supervisors for the 14 endemic districts that are targeted for MDA. The report of the coverage evaluation survey conducted in FY23 will be used to guide supervision and social mobilization events in the 14 districts.

Supervision of the training of trainers (ToT) for DHMTs and training of PHU-in-charge is conducted by the NNTDP and Helen Keller staff. The DHMT and the district NTD focal points supervise PHU staff and conduct spot checks at MDA sites. PHU staff supervise village-level social mobilization, CDD training, and MDAs and mop-up as required. Additional supervision days and support for logistics for hard-to-reach areas is planned. Additional DHMT staff, including the M&E, Pharmacist and Social Mobilization Officer, have been included in the ToT to enable direct support of data collection, supply chain management and social mobilization, respectively.

Supportive supervision of CDDs ensures they adhere to important guidelines: correct use of dose poles, adherence to exclusion criteria, correct recording of doses administered in the village register or tally sheet by gender, supply chain and drug inventory management to detect and report stock-outs, identification, and referral of serious adverse events (SAE), and reporting of SAEs to the DHMT. In addition to supportive supervision, the SCT will be implemented during OV-STH MDA by DHMT supervisors in the 14 districts.

Following the completion of OV-STH MDA in 14 districts, data collection of results across the 14 districts is conducted across the PHUs when PHU level data starts arriving at the district-level. The NNTDP staff and technicians, PHU and DHMT staff facilitate and supervise the collection, analysis, and reporting of MDA data in each district.

Quality Improvement Training

In FY 2024, the NNTDP would like to extend QI implementation in the (now eleven) districts (Bombali/Karene, Koinadugu/Falaba, Kenema, Kono, Kailahun, Port Loko, Bo, Tonkolili and Moyamba) with high OV prevalence (>17%) from the 2019 assessment in preparation for the next OV assessment planned for FY 2025. Act | West will support the training and formation of the QI teams, including town chiefs, CHW peer supervisors, PHU staff, Imam, Pastors, and Youth Leaders, in twenty-one sites in the eleven districts. These are the sites with OV prevalence of less than 17 percent to understand the reasons for the high OV prevalence in these communities. The teams will determine root causes and come up with change ideas to be tested that will guide the QI implementation.

Quality Improvement Learning Sessions

In FY 2024, the QI teams will hold two learning sessions at the district level to brainstorm, agree on challenges to address, determine root-cause analysis, identify change of idea packages, implement, and review changes to improve overall quality and coverage of the OV MDA planned in the districts with high OV prevalence. The changes will be integrated into the overall activities where feasible or implemented as additional activities. In addition, the coaches will regularly visit the QI teams and facilitate the learning sessions together with the DMO and District Operation Officer on occasion.

Development of Quality Improvement Technical Brief

Following QI implementation across the districts with high OV prevalence, the NNTDP and Act | West will develop a QI technical brief and share it with partners and stakeholders on the improvement processes in FY 2024.

Conduct data quality assessment in districts with reporting challenges

During the in-depth OV deep dive and data review meeting held in September 2023, some districts were identified with data reporting issues. As part of the recommendations from the meeting, a data quality assessment (DQA) will be conducted in FY 2024. This is to assess the quality of the NNTDP reported data. Three districts that have ongoing data, coverage and/or transmission issues will be assessed in the FY, and these are: Bo, Tonkolili, and Kenema. A two-day training including field test for assessment teams will be done prior to the implementation. In FY 2025, DQA will be scaled up to other districts.

DSA

No OV DSA is planned for FY 2024 due to competing priority activities of the NNTDP. However, the NNTDP would do an assessment as part of the OV strategy for elimination in FY 2025.

Onchocerciasis elimination committee (Technical Advisory Committee) Meeting

The TAC has historically met twice a year to advise the NNTDP on activities related to OV elimination. The TAC meeting is an OV-related activity but also includes discussions on other NTDs as well. Key participants in TAC meetings include TAC members, NNTDP, WHO, USAID, Sightsavers, Helen Keller, and other international and national experts. Act | West will support one annual meeting for 42 people in FY 2024. The sharing of lessons learned and recommendations from the meeting will help inform plans for OV and other NTD interventions supported by Act | West. Following an OV deep dive data review meeting in September 2023, one of the recommendations for TAC is to review the TOR to include other specialists in the membership such as epidemiologists and lab scientists. The TAC will also work to identify priority areas for epidemiological and entomological surveys and review characteristics of adult population and provide recommendations on next steps to address mobile groups.

Dossier Status for OV:

With ongoing MDA, the NNTDP has not yet started developing the OV dossier.

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

i. Systems Strengthening

1. DATA SECURITY AND MANAGEMENT

DHIS2 Training of Chiefdom Supervisors

As determined by the Ministry of Health and Sanitation, data entry has now been assigned at subdistrict level and the MOH is implementing a more integrated approach for data management using the DHIS-2 platform as the MOH main data repository platform. To align with MOH vision, guidance and policies the NNTDP has prioritized the integration of NTDs data into HMIS in the country NTDs sustainability plan. In FY 2024 the NNTDP wants to train the designated chiefdom supervisors to enter NTD data (MDA and MMDP) into DHIS2. The two days training of Community Health Officers (CHO) will be at the regional level. The CHOs have received initial training on data entry into the DHIS2 for other health programs. This training will be mainly focused on NTD data entry and will be the first training on the new NTD indicators that were included in DHIS2 in FY 2022 with support from Sightsavers.

Targeted TA to support the NNTDP to develop NTD data security elements of the NTD data management manual

In FY 2022, the NNTDP worked with Department of Policy, Planning, and Information (DPPI) to integrate key MDA indicators of four NTDs into DHIS2 and conducted a national training workshop for district M&E Officers on MDA data. However, not all, NTD data is captured and managed in DHIS2 therefore, offline Excel sheets or paper registers may require strengthened security practices to protect against potential risk of loss, error, and manipulation. Per the NTD Sustainability Plan, validated in May 2023, the NNTDP seeks to develop and implement an NTD data management manual building on existing national policies and protocols to advance NTD data management and security by March 2024. The manual will include data security elements under collection, reporting procedures, data use, data governance, security/privacy, back-up procedures, availability and access, and roles and responsibilities of data users.

To advance efforts to improve NTD data security, Act | West will support the NNTDP to conduct a current state analysis of Sierra Leone's NTD data security policies and practices and develop recommendations to align its policies, procedures, and practices with MOHS guidance and other national guidelines.

CIND update with historical data

Historical NTD data are available in the country Integrated NTD Database (CIND), which is updated annually and as data becomes available post DSA. The most recent update was completed in 2022. The national program plans to continue updating the CIND in FY 2024 to include data from 2023 with support from Helen Keller.

2. DRUG MANAGEMENT

Drug quantification and completion of JAP for 2025

The WHO preventive chemotherapy (PC) joint application package (JAP) has been completed and submitted to WHO for FY 2024. The drug quantification is based on the 2020 CDD projections from rural census and the projections from population and housing census by Statistic Sierra Leone for urban settings. In FY 2024, Helen Keller will organize a half day meeting to support the NNTDP to complete and submit the JAP for FY 2025 in advance, 10 to 12 months prior to MDA, according to the current WHO JAP standard operating procedure. This meeting will not require a budget.

To address stock-out in some PHUs with significant population migration, the NNTDP provides a 10% buffer of drugs to districts bordering Guinea and Liberia that experience high population migrations. These communities have moving populations that are difficult to capture beforehand in the CDD registers or PHU catchment population data. During MDA in FY 2024, the CDDs will administer MDA drugs to all eligible people including newcomer community members using the register. If the NNTDP identifies any drug shortages, it instructs district pharmacists to deliver additional supplies as requested by the PHU in-charge. Areas that are not well covered have an additional two to five days to do mop-up.

Transport of drugs and logistics OV-STH 14 districts

In FY 2024, Act West will support the NNTDP to transport NTD drugs from the store in Makeni to the district medical stores (DMS) in the 14 districts where MDA will take place. The district pharmacist and Store Managers further distribute the drugs to all PHUs prior to MDA.

Reverse logistics for OV-STH MDA in 14 districts and SCH MDA in 9 HDs

Act | West will provide technical assistance (TA) to support the reverse logistics for remaining drugs after the MDA in the 14 OV-STH and nine SCH MDA districts. In the past, PHU staff tabulate and document remaining MDA stock and return it to the district pharmacist. In FY 2024, Act | West will support the NNTDP to comply with the national SOPs on reverse logistics, including the SCM guideline that district pharmacists handle reverse logistics instead of PHUs.

Management of serious and adverse events (AEs)

During FY 2023 OV-STH and LF/OV/STH MDA campaigns, all AEs reported were minor and were managed with supportive treatment, as stipulated in the guidelines developed for NTD campaigns. In the case of a serious adverse event (SAE), the DHMTs in charge notify the NNTDP, its partners, and the Sierra Leone Pharmacy Board (SLPB). The SLPB has the personnel and tools to conduct investigations in case of any suspected SAE. The Pharmacovigilance Unit of the SLPB, whose operating costs are supported by the MoH, then determines the cause of the SAE. In accordance with WHO and Merck KGaA guidelines (January 2021), Helen Keller will provide additional support to the SLPB in reporting SAEs to the drug manufacturer and WHO. Helen Keller will also support the NNTDP in notifying all partners in a timely manner.

Supply chain management mainstreaming

Act | West will use the results from the desk review Deloitte performed in FY2023 to determine stakeholders and entry points, priorities and potential opportunities to integrate NTD medicines and supply chain into the Sierra Leone national supply chain. FHI360 Supply Chain Lead, Deloitte and Helen Keller will conduct a scoping visit in FY24 that will look at opportunities, barriers, and leverage points to mainstream NTDs. This would include informal meetings with the NNTDP and NMSA to determine future activities. The terms of reference of the scoping visit will be shared and discussed with USAID.

ii. ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING

Sierra Leone is in phase 4 of USAID's five-phased sustainability approach, with political validation conducted May 18, 2023. In December 2022, Act | West provided technical support to the NNTDP to analyze 2022 TIPAC data and discern relevant data for programmatic planning, FY 2023 sustainability plan DRM activity, and NTD Master Plan finalization. In March 2023, the NNTDP finalized the sustainability plan and developed two key documents that will support the implementation and monitoring and evaluation (M&E) of Sustainability Plan activities:

1. Sustainability Plan Budget: The budget was developed during the Sustainability Plan drafting process and itemizes unit prices, per diem and material quantities, and activity timing.
2. M&E Framework: NNTDP leadership, the partners network forum (PNF), and M&E, finance and health sector stakeholders developed an M&E framework for the NTD Sustainability Plan. This framework lists key indicators to track and report out on to monitor progress to achieving Sustainability Plan activities over the next four years.

These materials will inform future prioritization of activities in bilateral negotiations and serve as reference for the implementation of the sustainability plan. Together, these documents provide

accountability measures in advancing sustainability efforts over the next four years. In the first year of the implementation of the sustainability plan, the NNTDP has prioritized mobilizing domestic resources for morbidity management, developing a roadmap to integrate SCH/STH into school health and strengthening the PNF to lead the implementation and monitoring of sustainability plan.

1. Governance

Support to one meeting of the (PNF - Partners Network Forum – Cross sector coordination mechanism

The PNF is a multi-sectoral platform that was launched in 2019. Due to the Covid-19 pandemic, Ebola vaccination campaign, and polio outbreaks in the years since the launch of the platform, it has been challenging to hold a meeting. The first meeting is planned to take place in August FY 2023 to convene stakeholders after the political validation (held in May 2023), to lead implementation of the NTD sustainability plan. The platform will meet annually to coordinate NTD activities across sectors, monitor the implementation of the sustainability plan using the M&E framework, and determine opportunities to integrate NTDs into national policies and strategies, advocate for domestic resource mobilization (DRM) for NTD sustainability, and provide technical oversight for the integration of NTD activities into existing and relevant government platforms and policies. The PNF, chaired by the Chief Medical Officer, consists of a governing body and two sub-committees (a technical sub-committee and a resource mobilization and advocacy sub-committee) and unites members from the government, private sectors, implementing partners, and UN agencies.

In FY 2024, Act | West will support the PNF, including via technical assistance, to strengthen the ownership and oversight of the implementation of the NTD sustainability plan. The NNTDP aims to use the meeting in FY 2024 to facilitate discussions and approaches for the PNF's long-term self-financing strategies beyond donor support. Act | West will support refreshments and transport reimbursement for PNF members.

Support sustainability bilateral negotiation process in Sierra Leone

The bilateral negotiations between government of Sierra Leone and USAID will be held in FY 2024 under the MOH/NNTDP leadership. The main goal is to increase government leadership and investment in national NTD programs, aligning with the principles of the WHO's emphasis on government ownership in the 2030 NTDs Roadmap. Through the process, USAID expects that MOHs will lead activities to achieve sustainability goals, while receiving various forms of technical and financial assistance from Act | West and other partners as needed. In FY 2023, the NTD Sustainability Plan was politically validated by the CMO, and implementation of the plan has started. Led by the NNTDP under the leadership of the CMO, the bilateral discussions with USAID, will be drawing on the full relationship of the USG in Sierra Leone to engage GOSL stakeholders above the NTD Program Manager (where decisions regarding policy, planning, and resource allocation reside). The process will require multiple engagements with the NNTDP to determine their priorities within the Sustainability Plan and engagements with the USAID Mission throughout the process.

In FY 2024, Act | West will continue to provide support to bilateral negotiations by further helping NNTDP define the top priorities to include in the bilateral negotiation and support pre-consultation between USAID, the country team and briefing with USAID mission based on USAID request. Under USAID leadership and following the process agreed with Act | West will facilitate the planning of the process, further discuss with USAID sustainability plan priorities to support USAID's and MoHS decision making,

sensitize national stakeholders on the process and the expected outcomes and, most importantly, support the follow-up of the implementation of the decisions made during the bilateral negotiation process.

Advocacy with MOF and MOH to mobilize domestic resources for morbidity management

Sierra Leone's NTD Sustainability Plan prioritizes addressing gaps in funding and operational capacity for morbidity management and disability prevention (MMDP). This includes incorporating morbidity management into health sector jurisdiction, fully integrating MMDP into in-service and pre-service training curricula, including MMDP as part of facility-based services, and including MMDP services national health service packages, such as national health insurance and the Universal Health Coverage (UHC) platform.

In September 2022, the NNTDP was asked to submit a request for government support as part of the 2023 MoH planning cycle. Act | West supported the NNTDP to develop a request to the MoHS Director of Finance for MMDP prevention activities, among other NNTDP needs. In FY 2024, after the elections, Act | West will support the NNTDP to socialize and engage the MoHS and Ministry of Finance (MOF) to mobilize resources to address MMDP financial gaps. Act | West will provide technical support to the NNTDP and the PNF to lobby MoHS and MoF stakeholders for resources for MMDP via engagement sessions.

Act | West will provide technical assistance to support the NNTDP in engaging key MoHS and MOF stakeholders in the following ways:

- a. The NNTDP and PNF will hold an initial half-day engagement session with MoHS, MoF, and other relevant stakeholders to socialize NTDs, review programmatic progress, and discuss existing funding gaps.
- b. The NNTDP and PNF will host a three-day working session to define resource mobilization objectives, clearly define a network of stakeholders (including MoHS, PNF members, DPC, National School Health and Adolescent Program & National Eye Care Program National Malaria Control Program, Water and Sanitation and Hygiene, Environmental Health Division, and other NTD partners), identify key entry points within the budget cycle, and the development of advocacy materials to lobby decisionmakers. This will also be an opportunity to discuss strategies for developing actions with concrete outputs to support reporting, follow up and tracking after engagement. This roadmap and working session will prepare the NNTDP and PNF to organize future strategic high-level engagement sessions for MMDP resource mobilization and operationalize the inclusion of MMDP into the universal healthcare package of services.

The NNTDP aims to have a roadmap to guide efforts to secure actionable, formalized funding commitments and funded budget line items for specific MMDP Sustainability Plan activities.

3. Prioritized Functions

Meetings with the school health program to identify entry points for SCH/STH integration into school health program

This activity will serve to understand entry points and opportunities on how SCH/STH MDA will be integrated into school health programs once treatment for LF and OV have stopped. The NNTDP will lead meetings with the NASHP and Helen Keller to discuss the process to ensure NTD objectives inform school health reforms and are incorporated into school-based health service delivery. In addition, these meetings will determine the process for establishing a formal MOU and elaborating a roadmap for this process in FY 2025. Meeting insights will inform the transition towards including school health programs in SCH/STH

MDA, including deciding which districts will pilot the activity in the future, who will deliver the school-based MDA, the process for training and sensitization, and other considerations for the school-based approach. Deputizing the school health program to aid in MDA is a key part of the Sustainability Plan Operational Capacity/Service delivery domain.

3. IR3 PLANNED ACTIVITIES: SCH, STH:

i. Schistosomiasis

proposed FY 2024 activities

SCH MDA in 9 HDs

In FY 2024, Act | West will support SCH treatment in nine HDs (with chiefdom-level MDA treatment strategy) via community-based MDA targeting non-enrolled school age children (SAC) and adults and school-based MDA for enrolled SAC. The NNTDP is considering treating SAC and adults in the nine districts based on the new WHO recommendations; following the SCH data review on 22-23 May 2023, the adjusted chiefdom-level treatment strategies will be implemented in FY 2024. A total of 73 chiefdoms in nine HDs, including community-based MDA targeting SAC and adults in 24 chiefdoms and school-based MDA for SAC in 49 chiefdoms.

Feeding of School Children prior to PZQ treatment

During the distribution of praziquantel to SAC, and the NNTDP provides support through Act | West to the government-assisted schools in the nine districts. An allocation of SLE 0.5 per child, equivalent to approximately \$0.02 per child, is provided to school authorities to facilitate meal preparation for the children (approximately 756,344 children) before the MDA takes place.

Supervision of SCH MDA

Prior to the FY 2024 SCH MDA, pre-MDA activities such as training of trainers, PHU staff training and engagement meetings will be conducted in the nine districts. Emphasis will be placed on social inclusion and equity during service delivery to help increase community confidence and improve coverage. Discussions around working with other organizations such as Street Child and the Ministry of Basic Senior Secondary Education to involve child right advocates in social mobilization and community meetings will increase MDA compliance and coverage.

Monitoring and evaluation

SCH Hotspot Coverage evaluation survey/Knowledge Attitudes & Practices survey

A combined coverage evaluation survey (CES) and knowledge attitudes & practices (KAP) will be conducted in two districts, Kono and Kenema, to understand the reasons for the continued high SCH prevalence based on the results of the recent impact assessment. The survey aims to validate reported treatment coverage and assess SCH-related risk behavior using a KAP survey among the targeted stakeholders. The need for such a survey is to investigate underlying reasons for persistent infection in a small number of chiefdoms that were identified during the SCH data review meeting in FY 2023, in particular in Kono and Kenema districts.

SCH-STH Impact assessment in nine districts In FY 2024, a SCH-STH impact assessment survey is proposed in 52 chiefdoms in nine districts (Bo, Bombali, Falaba, Kailahun, Karene, Koinadugu, Kono, Kenema, and Tonkolili) that were identified during the SCH data review meeting to collect further information for better classification of these chiefdoms for treatment.

➤ **Advocacy**

SCH/STH Data Review Meeting

In May 2023, a SCH-STH data review meeting indicated the need for re-assessment or complementary survey in about 52 chiefdoms in the nine districts. Following this assessment, an SCH/STH strategic data review meeting is proposed by the NNTDP in FY 2024, with technical support from Act | West to examine the FY 2024 impact assessment data, review treatment strategies and make informed decisions according to the new WHO recommendations in these 50 chiefdoms.

ii. Soil-transmitted helminths

proposed FY 2024 activities

Refer to OV and SCH sections for integrated STH activities.

Gender Equity and Social Inclusion

Cascade GESI training to supervisors and PHU staff

As part of the MDA training sessions described in Appendix 6, Helen Keller will support the NNTDP to incorporate GESI sessions into the training sessions. The trainings filter down from the national level to the DHMTs, PHUs and finally to CDDs. The modules of the GESI sessions are based on Helen Keller-developed materials for human resources training and have been adapted for the context of NTD MDA program delivery. In FY 2024, these sessions will be part of the MDA training for SCH in Q2 and OV-STH in Q3.

Revision of MDA Tools

Helen Keller has been working with the NNTDP to ensure MDA tools adequately capture pertinent demographic data of program participants including sex and age-disaggregated information to inform approaches. In FY 2023, Helen Keller worked with the NNTDP to gather sex-disaggregated data on CDDs to help inform planning for MDA in 14 HDs, which will continue in FY 2024. Helen Keller will work with the NNTDP on how to utilize sex-disaggregated data to inform CDD recruitment plans and strategies. In addition, Helen Keller will continue work with the NNTDP to review supervision checklists to monitor and evaluate GESI related activities (e.g., balance of demographics of CDDs, the effects of recruiting more women CDDs or CDDs from hard-to-reach communities, the effectiveness of GESI trainings, etc.). Results of these assessments will provide information on implementation strategy and assess program performance.